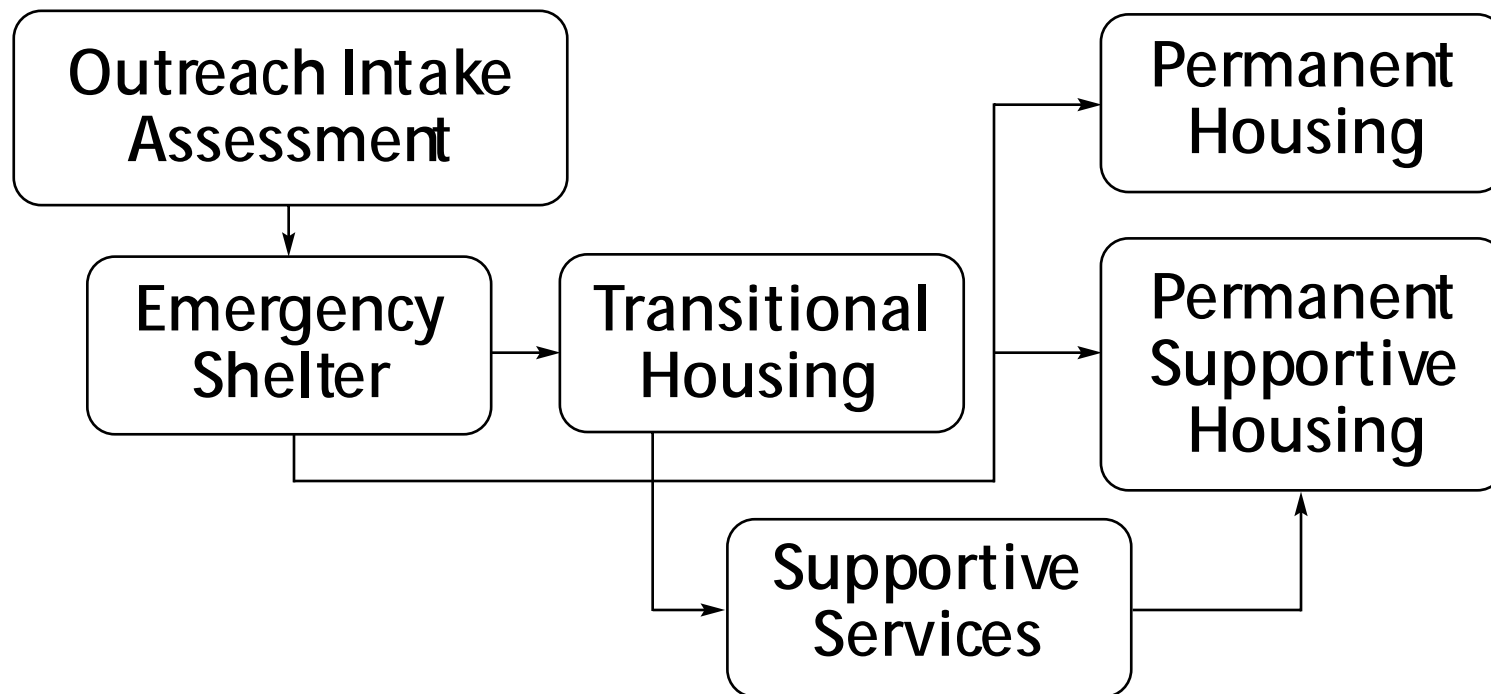


HUD's Definition

"A Continuum of Care Plan is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness."

Components of a Continuum of Care Homeless System



What Sub-Populations Are Homeless?

- Single Men
- Single Women
- Families
- Youth
- Elderly
- Veterans
- People with drug or alcohol addictions
- People with mental illness
- Dually or multiply diagnosed
- Victims of domestic violence
- People living with HIV/AIDS

Key Characteristics in the Design of a Continuum of Care

- Long range
- Comprehensive and collaborative
- Strategic
- Based on an assessment
of community needs and priorities

Why Develop a Continuum of Care Plan for Your Community?

- Assess capacity and identify gaps
- Develop proactive solutions rather than reactive stop-gaps
- Identify common goals for which to advocate
- Increase community “buy-in” and access to mainstream resources
- Increase competitive advantage for receiving HUD McKinney Homeless Assistance funding

Establish Effective Continuum of Care Planning Process

- Create a Core Working Group to begin the process
- Assure that the major players in the homeless community are involved
- Seek involvement by all possible sectors of the community
- Enthusiastically communicate the need to undertake Continuum of Care planning to the community
- Assure that the broader community is aware of the planning, particularly local government leaders
- Tie in with existing planning efforts in the community
- Take the time to do it right

Considerations for Defining a Geographic Area

- Clear rationale for its organization
- Consider jurisdiction of key agencies and providers to facilitate linkages and coordination (such as mental health, homeless coalitions, community action agencies)
- Consider jurisdiction of key resources needed to facilitate linkages to mainstream resources (such as FEMA, ESG, CDBG, HOME)
- Include jurisdictions that are fully involved in the development and implementation of the strategy

Starting the Continuum of Care Planning Process

- Reach out to providers and key stakeholders
- Identify and recruit a strong facilitator
- Locate an accessible meeting space
- Collect and synthesize whatever data are available on needs and resources

Outcomes of the Visioning Step

- Common understanding of what a Continuum of Care System is and why it is important
- Agreement on who is homeless and how funders define it
- A vision statement and/or key principles for the development of a Continuum of Care Plan
- Identification of critical missing information and methodology for obtaining it

Simple Vision Statement

"The Core Working Group is committed to assisting individuals and families who become homeless or are at risk of becoming homeless to regain housing stability and quality of life. Toward this end, over the next five years, the Cover Working Group will implement and expand a comprehensive Continuum of Care to prevent and end the tragedy of homelessness among all individuals and families."

Guidance of Needs Data Collection

- Identify who has capacity
- Establish accountability
- Cast a broad net
- Provide for community input
- Acknowledge shortcomings
- Build consensus

Possible Sources of Needs Data

- Homeless and ancillary service providers: HIV/AIDS, youth mental health, addictions
- Consolidated Plan, Others (Ryan White, strategic plans)
- Existing homeless needs assessment, e.g. by a homeless coalition, city/state-sponsored census, local university
- Statewide organization, i.e. homeless or low income housing coalitions

Selecting a Methodology

- How will point-in-time data be collected on who is homeless and what their housing and service needs are?
- How will the data be analyzed and who will do it?
- How will the data be documented and the methodology described?
- How will sheltered and unsheltered homeless people be counted?
- How will duplication be avoided?
- How often will data be collected?
- Over time, how will changes in the data (demographics, numbers) be captured and utilized?

Quantitative Gaps Analysis

of Sub-Population in Need
– (minus)
Current Capacity to Serve

Unmet Need or Gap

Continuum of Care: Gaps Analysis

	Estimated Need	Current Inventory	Unmet Need	Relative Priority
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Individuals

Example	Emergency shelter	115	89	26	M
Beds/Units	Emergency Shelter				
	Transitional Housing				
	Permanent Supportive Housing				
	Total				
Estimated Supportive Service Slots	Job Training				
	Case Management				
	Substance Abuse Treatment				
	Mental Health Care				
	Housing Placement				
	Life Skills Training				
	Other				
Estimated Sub-Populations	Chronic Substance Abusers				
	Seriously Mentally ill				
	Dually Diagnosed				
	Veterans				
	Persons with HIV/AIDS				
	Youth				
	Other				

Persons in Families with Children

Beds/Units	Emergency Shelter				
	Transitional Housing				
	Permanent Supportive Housing				
	Total				
Estimated Supportive Service Slot	Job Training				
	Case Management				
	Substance Abuse Treatment				
	Mental Health Care				
	Housing Placement				
	Life Skills Training				
	Other				
Estimated Sub-Populations	Chronic Substance Abusers				
	Seriously Mentally ill				
	Dually Diagnosed				
	Veterans				
	Persons with HIV/AIDS				
	Youth				
	Other				

Housing Gaps Analysis

- In the context of the major housing types (transitional, permanent supportive housing, and permanent housing), discuss gaps
- Limit the discussion to housing needs of homeless people
- Are there major gaps in one or more types of housing? (SRO's multi-unit rental, large bedroom sizes, transitional programs for subgroups)
- Are there length of stay, or waiting list issues?
- What is preventing people from maintaining permanent housing?
- Are linkages in place for persons in transitional housing to access permanent or permanent supportive housing?

Service and Systems Gap Analysis

- The objective is to provide tools needed to become self-sufficient, to move to, and maintain permanent housing
- Identify gaps by population group where appropriate
- Are there sufficient services to serve persons already in emergency shelter, transitional housing programs, or permanent housing?
- What services are missing to help people move to permanent housing or permanent supportive housing?
- What services are essential to certain subgroups, and are they missing?
- Are there major gaps in the homeless system or missing linkages among components of the system? (i.e. outreach, intake, referral, assessment)

Possible Qualitative Criteria to Use When Prioritizing Unmet Needs

- Look at relative need among sub-populations
- Consider the vulnerability of the population (age, diagnosis)
- Identify groups not yet served vs. those with some housing resources in place
- Determine whether the need is growing, and if so, how rapidly
- Look at users of high-end services (e.g. hospitalization, detoxification)
- Generate other criteria

Sample Strategy Statements Based on Priority Gaps

- Foster creation of 100 new units of permanent supportive housing over the next two years
- Expand economic development programs across the Continuum of Care to increase self-sufficiency and provide greater access to permanent housing
- Facilitate the development of programs to address the specific needs of critically underserved homeless sub-populations , such as youth
- Achieve a more efficient and cost-effective system by advocating for and directing mainstream city and state housing and service resources to people who are homeless
- Integrate planning for homeless housing and services with other mainstream planning processes

Questions to Help Craft Action Steps

- Is there an opportunity, project, or activity which will be lost if not begun immediately?
- Is there a timing issue where one action step is necessary before others can be taken?
- Is the amount of effort needed to undertake the activity reasonable? (Starting out with the most complex activities may not be a good strategy)
- How critical is this strategy?
- Is the proposed activity feasible?
- Are there major barriers to implementing the activity?

Sample Project Selection Criteria for Homeless Assistance Funding

- Degree to which project fills a priority gap in the Continuum of Care
- Provider capacity to implement and manage proposed project
- Experience working with target populations
- Cost effectiveness (per unit per capita)
- Leveraging of non-HUD funds
- Consideration of criteria imposed by other funders
- Existing or planned linkages with other parts of the Continuum of Care
- Quality of application: clarity and soundness of project plan
- Degree to which project meets HUD's goals
- Innovation

Mechanism for Ranking Proposed McKinney- Funded Projects

Decide up-front how potentially competing projects will be reviewed and ranked. Options include:

- Formation of a selection committee representing broad interest
- Evaluation by the participants of the Continuum of Care Planning process
- Recruiting a third party

Continuum of Care Planning Cycle

